

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

3235-0076 ber 30, 2001 ge burden ise...16.00

ONLY Serial

NOTICE OF SALE OF SECURIT PURSUANT TO REGULATION SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

DATE RECEIVED

OMB APPROVAL

Name of Offering (check if this is an ame OFFERING SHARES OF COMMON STOO	endment and name has changed, and indicate CK and WARRANTS	change.)
Filing Under (Check box(es) that apply:)	□ Rule 504 □ Rule 505 ⊠ Rule	506 Section 4(6) ULOE
Type of Filing: ☐ New Filing	dment	
	A. BASIC IDENTIFICATION DAT	TA DET 1 C 2000
1. Enter the information requested about the	e issuer	T SO SOUT
Name of Issuer (\Box check if this is an amend	lment and name has changed, and indicate cl	nange.) DTHOMSON FINANCIAL
ACM FINANCIAL TRUST, INC. (forme	erly Atlantic Capital Management Inc.)	
Address of Executive Offices	(Number and Street, City, State, Zip Cod	336-760-9331
3288 Robinhood Road, Suite 100, Winsto	n-Salem, North Carolina 27106	
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Zip Cod	e) Telephone Number (Including Area Code)
Brief Description of Business Mortgage backed securities		
Type of Business Organization	☐ limited partnership, already formed ☐ limited partnership, to be formed Month Year	 other (please specify): limited liability company
Actual or Estimated Date of Incorporation of Jurisdiction of Incorporation or Organization	or Organization: 0 8 9 8 on: (Enter two-letter U.S. Postal Service abb CN for Canada; FN for other foreign juris	✓ Actual ☐ Estimated reviation for State : M D

GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part I and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each stat where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the prope amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notic constitutes a part of this notice and must be completed.

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a current valid OM control number.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equi securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

 Each general and managing part 	ner of partnership	issuers.					
Check Box(es) that Apply: Pror	noter Benefic	ial Owner F	Ex ecutive Officer	□ Director	-	eral and/or Partner	Managii
Full Name (Last name first, if individ	ual)						
Business or Residence Address (Nu	mber and Street, C	ity, State, Zip C	Code)				·
Check Box(es) that Apply: Prop	noter Benefic	ial Owner	Executive Officer	☑ Director	Gen	eral and/or Managing Pa	rtner
Full Name (Last name first, if individ	ual)						
Hough, Michael							
Business or Residence Address (Nu	mber and Street C	ity State Zin (Code)				
3288 Robinhood Road, Suite 100,							
5200 Robiniood Road, Saite 100,							
Check Box(es) that Apply: Pro	moter Ben effe	cial Owner	Executive Officer	☑ Director	Ger	n eral and/or Managing Pa	rtner
Full Name (Last name first, if individ	lual)						
Gibbs, William H.							
Business or Residence Address (Nu	mber and Street, C	City, State, Zip	Code)				
3288 Robinhood Road, Suite 100,	Winston-Salem, N	orth Carolina	27106				
Check Box(es) that Apply: P ror	noter Ben efic	ial Owner	Executive Officer	☑ Director	Gen	eral and/or Managing Pa	ırtner
Full Name (Last name first, if individ	dual)			•		Managing 1 a	ir tiller
Hough, Ben							
Business or Residence Address (Nu	umber and Street (City State Zin	Code)				
3288 Robinhood Road, Suite 100,				•			
3288 KODIIIIOOU KOZU, GUITE 100,	Williston Saleing :		<u> </u>				
Check Box(es) that Apply: P ros	moter Ben efic	cial Owner 🗵	Executive Officer	Director	Gen	eral and/or Managing Pa	artner
Full Name (Last name first, if indivi-	dual)						
Boos, Frederick J.		•					
Business or Residence Address (N	umber and Street, (City, State, Zip	Code)				
3288 Robinhood Road, Suite 100,	Winston-Salem, I	North Carolina	27106				

Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual? 3. Does the offering permit joint ownership of a single unit? 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. N/A Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States). [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States). All States (Check "All States" or check individual States). All States (Check "All States" or check individual States). [RI] [SC] [SD] [TN] [TX] [TV] [VA] [MB] [MD] [MA] [MI] [MN] [MS] [MO] [MS] [MO						B. IN	FORMAT	ION ABO	UT OFFI	ERING				
3. Does the offering permit joint ownership of a single unit? 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. N/A Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NI] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR] Full Name (Last name first, if individual) States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual) States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual) Full Name (Last name first, if individual) States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	1. H	las the	issuer sol	d, or does	the issuer i	ntend to s	ell, to non-	accredited	investors	in this offe	ering? OE.			
3. Does the offering permit joint ownership of a single unit? 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. N/A Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NI] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR] Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States). All States (Check "All States" or check individual States). [All States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States). [All States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States). [All States in Which Person Listed Has Solicited or Intends to Solicit Pu	2. V	What is	the minin	num invest	ment that	will be acc	epted fron	n any indiv	ridual?		•••••		\$	<u>2,500</u>
similar remuneration for solicitation of purchasers in connection with sales of securities in with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. N/A Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)														Yes N
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Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	Full 1	Name (Last name	e first, if ir	dividual)									
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	Busin	ness or	Residenc	e Address	(Number a	and Street,	City, State	e, Zip Cod	e)					
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Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	Full	Name	(Last nam	ne first, if i	ndividual)	<u></u>		<u> </u>						
Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)		•	(—	·						r f				
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States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	Dus									<u>-</u>			<u> </u>	
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[AL] [AK] [AZ] [AK] [CA] [CO] [CT] [DZ] [DZ] [DZ] [DZ] [MN] [MS] [MO] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] [MT] [NZ] [NZ] [NZ] [NZ] [NZ] [NZ] [NZ] [NZ	(Ch	eck "A	ll States"	or check i	ndividual S									
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[MT] [NE] [NV] [NT] [NT] [VA] [WA] [WV] [WI] [WY] [PR]		-		-	_			-	-	-				-
	-					_	_		_	-	-	_	_	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND US	E OF PROCEEDS	<u> </u>
	Enter the aggregate offering price of securities included in this offering and the total amo already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offeric check this box and indicate in the columns below the amount of securities offered for exchange offering the columns below the amount of securities offered for exchange of the columns below the amount of securities offered for exchange of the columns below the amount of securities of the columns below the colu	ng,	
	and already exchanged.	Aggregate Offering Price	Amount Alread Sold
	Type of Security Debt	•	\$
	Debt Equity	\$ 62 408 589	
	Equity ⊠ Common P referred	0 02, 100,000	
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$	
	Other (Specify:)	\$	
	Total	\$ 62,408,589	\$ <u>62,408,589</u>
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in offering and the aggregate dollar amounts of their purchases. For offerings under Rule 5 indicate the number of persons who have purchased securities and the aggregate dollar amount their purchases on the total lines. Enter "0" if answer is "none" or "zero."	504,	Aggregate
		Number	Dollar Amo
		Investors	of Purchase
	Accredited Investors	201	\$ 62,159,35
	Non-accredited Investors	13	\$ <u>249,231</u>
	Total (for filings under Rule 504 only)		<u> </u>
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested fo securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) mo prior to the first sale of securities in this offering. Classify securities by type listed in Part Question 1.	onths	Dollar Amo
	Type of offering	Security	Sold
	Rule 505	•	_ \$
	Regulation A		
	Rule 504		_ \$
	Total		
4.	securities in this offering. Exclude amounts relating solely to organization expenses of the is. The information may be given as subject to future contingencies. If the amount of an expend is not known, furnish an estimate and check the box to the left of the estimate.	suer. liture	
	Transfer Agent's Fees		\$0
	Printing and Engraving Costs		\$1,000
	Legal Fees		\$25,000
	Accounting Fees		\$5,000
	Engineering Fees		\$0
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)		\$(
	Total		\$ 31,000
	i Otai		SEC 1972 (2

_	C. OFFERING PRICE, NUMBI	ER OF INVESTORS, EXPENSES AND US	E OI	PR	OCEEDS		
	b. Enter the difference between the aggregate of 1 and total expenses furnished in response to Pa the "adjusted gross proceeds to the issuer."	rt C - Question 4.a. This difference is			\$ <u>66,328</u>	3 <u>,463</u>	
5.	Indicate below the amount of the adjusted gross for each of the purposes shown. If the amount and check the box to the left of the estimate. adjusted gross proceeds to the issuer set forth in	for any purpose is not known, furnish an estir The total of the payments listed must equal	nate	O: D	ments to fficers, irectors, & ffiliates	:	Payments to Others
	Salaries and fees		🗆	\$	0		<u> </u>
							0
		f machinery and equipment					<u> </u>
		nd facilities					<u> </u>
	Acquisition of other businesses (including the offering that may be used in exchange for the issuer pursuant to a merger	ne value of securities involved in this ne assets or securities of another	🗖	\$	0		<u> </u>
	Repayment of indebtedness	🗆	\$_	0		\$0	
	Working capital		🗆	\$_	0		\$
	· -	ated assets	□	\$_	0	⊠ .	\$ <u>62,377,589</u>
	Column Totals	i)					\$ <u>62,377,58</u> 9
		D. FEDERAL SIGNATURE					
fo re	the issuer has duly caused this notice to be signed signature constitutes an undertaking by quest of its staff, the information furnished by the	issuer to any non-accredited investor pursuant	אם בא	ragr	nge Comm	of R	ule 502.
	suer (Print or Type) CM Financial Trust Inc.	Signature M			Date 107		
	ame of Signer (Print or Type) enjamin M. Hough	Title of Signer (Print or Type) President					
	ntentional misstatements or omissions of fa	ATTENTION at constitute federal criminal violation	s. (S	See 1	18 U.S.C.	100	1.)

APPENDIX

1	to non-ac	to sell coredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL	Tes	1,0							
AK									
ΑZ									
AR									
CA									
СО									
СТ								 	
DE		Х	Common Stock & Warrants	1	\$281,774				Х
DC		х	Common Stock & Warrants	1	\$135,869	0			Х
FL		Х		3	\$3,202,882	0			X
GA									
HI									
ID									
IL									
IN									
IA									
KS									
KY									
LA									
ME									
MD	X		Common Stock & Warrants	38	\$12,309,468	4	\$22,474		X
MA					·				
MI									
MN	-								

APPENDIX

1	2	2	3			4		5 Disquali under Sta	fication		
	to non-ac	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)						
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
MO											
MS						,					
MT											
NE								<u></u>			
NV											
NH									ļ		
NJ	Х		Common Stock & Warrrants	1	\$227,429				Х		
NM											
NY	X		Common Stock & Warrants	2	\$888,804				X		
NC	Х		Common Stock & Warrants	126	\$42,732,607	7	\$166,831		X		
ND											
ОН		Х	Common Stock & Warrants	1	\$224,721				Х		
ОК									<u> </u>		
OR											
PA		X	Common Stock	4	\$381,778	1	\$50,322				
RI		х	Common Stock & Warrants	2	\$36,957	0			Х		
SC	X		Common Stock & Warrants	3	\$413,809				X		
SD											
TN											
TX		Х	Common Stock & Warrants	5	\$438,595	0			X		
UT											
VT											

VA	Х		Common Stock & Warrants	5	\$884,665	1	\$ 9,603		Х		
Intend to sell to non-accredited investors in State (Part B. Item 1)			Type of security and aggregate Intend to sell offering price Type of security and aggregate amount p		Type of investor and amount purchased in State (Part C-Item 2)						
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
WA											
WV											
WI											
WY											
PR											